

When there was no attending physician at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 137  
Registered No. 435

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 717 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Fausto Rodriguez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth Sept. 6<sup>th</sup> 1929  
Month Day Year

8. FATHER

Full name

Santiago Rodriguez

9. Residence

(Usual place of abode) 717 Sullivan St

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 46 (Years)

12. Birthplace (city or place)

Durango

(State or country)

Durango Mexico

13. Occupation

Nature of Industry

Cobbler

14. MOTHER

Full maiden name

Adela Molina

15. Residence

(Usual place of abode) 717 Sullivan St

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 29 (Years)

18. Birthplace (city or place)

Hidalgo del Parral

(State or country)

Chihuahua Mexico

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

5

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 6:30 p.m. on the date above stated.  
(Born alive or stillborn.)

Signature

Rosa Cortez

(Physician or midwife).

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report

Month, day, year

Address

806 Sullivan St

Filed

Sept 12 29

6-6-29

Registrar

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699-906-141